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CONFIRMATION NO. 7670

SERIAL NUMBER 10/657,915	FILING OR 371(c) DATE 09/09/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. M190.145.101
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APPLICANTS

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** CONTINUING DATA ***** *none mch*

** FOREIGN APPLICATIONS ***** *none mch*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>mch</i>				
Verified and Acknowledged <i>mch</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Surgical micro-burring instrument and method of performing sinus surgery

FILING FEE RECEIVED 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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